

OPTIONAL STATE SUPPLEMENTATION

STATUTORY BASIS FOR PAYMENT	Chapter 249, Code of Iowa.
EFFECTIVE DATE	January 1, 1974 (blind), May 1, 1974 (aged and disabled).
ADMINISTRATION ¹	Social Security Administration; State Department of Human Services.
PASSALONG	In compliance by the method of total expenditures.
SCOPE OF COVERAGE	Optional State supplement provided to aged, blind, and disabled persons living in the arrangements listed under "Payment Levels." Supplementation is not provided to residents of emergency shelters or medical facilities. Blind children are eligible for optional supplementary payments if living in their own household or with a dependent relative; disabled children are eligible for optional supplementation if living with a dependent relative.
RECOVERIES, LIENS, AND ASSIGNMENTS	None.
RELATIVE RESPONSIBILITY	None.
INCOME DISREGARDS	No disregards in addition to the Federal income disregards.
RESOURCE LIMITATIONS	Federal SSI resource limitations apply.
PLACE OF APPLICATION	Social Security Administration field offices for federally administered payments; local offices of State Department of Human Services for State-administered payments.

¹ State Department of Human Services administers supplemental payments for persons receiving residential or in-home health-related care. Social Security Administration administers all other supplemental payments, including mandatory minimum supplementation.

FUNDING

Assistance: State funds.
Administration: State funds.

INTERIM ASSISTANCE

State participates.

PAYMENT LEVELS ¹

Code	<u>Living arrangements</u>	<u>Combined Federal/State</u>		<u>State supplementation</u>	
		<u>Individual</u>	<u>Couple</u>	<u>Individual</u>	<u>Couple</u>
A	Living independently: Blind	\$534.00	² \$813.00	\$22.00	³ \$44.00
B	Living in household of another: Blind	363.34	³ 556.67	22.00	³ 44.00
C	Living with dependent person: Aged and disabled	769.00	1,026.00	257.00	257.00
	Blind	791.00	³ 1,070.00	279.00	³ 301.00
D	Family Life	574.20	1,168.40	62.20	399.40
H	Living with dependent person in household of another: Aged and disabled	598.34	769.67	257.00	257.00
	Blind	620.34	813.67	279.00	301.00
I.	Family life or boarding home (one-third reduction in Federal benefit rate applies)	403.54	912.07	62.20	399.49
	Residential care	825.06	N/A	³ 313.06	N/A
	In-home health care	978.49	⁴ 1,701.98	⁵ 466.79	⁵ 932.98

¹ Unless otherwise stated, payment levels apply equally to aged, blind, and disabled.

² Payment level when both members of couple are blind; when one member blind, payment is reduced by \$22.

³ Represents maximum amount paid. Amount of State supplement is based on allowable costs of residential care (\$17.36 to \$24.26 per day) plus a personal needs allowance of \$73 per month minus the Federal SSI payment. Payment is State-administered.

⁴ Payment based on both members of a couple needing in-home health related care. When only one member needs care, payment is reduced by \$466.79. Supplement is State-administered.

⁵ Payment based on actual cost of in-home health-related care up to a maximum of \$466.49 plus basic Federal benefit. Payment is State-administered.

STATE ASSISTANCE FOR SPECIAL NEEDS

State does not provide assistance for special needs.

MEDICAID**ELIGIBILITY:**

CRITERION	SSI program guidelines (title XVI).
DETERMINED BY	Social Security Administration.
MEDICALLY NEEDED PROGRAM	Program for the aged, blind, and disabled medically needy.
UNPAID MEDICAL EXPENSES	The Social Security Administration obtains this information.

OPTIONAL STATE SUPPLEMENTATION¹

State does not provide optional supplementation.

STATE ASSISTANCE FOR SPECIAL NEEDS

State does not provide assistance for special needs.

MEDICAID**ELIGIBILITY:**

CRITERION	SSI program guidelines (title XVI).
DETERMINED BY	State.
MEDICALLY NEEDY PROGRAM	Program for the aged, blind, and disabled medically needy.
UNPAID MEDICAL EXPENSES	The Social Security Administration does not obtain this information.

¹ Mandatory minimum supplementation is administered by the Social Security Administration. For mandatory supplementation, compliance is by method of maintaining all payment levels. State participates in the Interim Assistance Reimbursement program.

OPTIONAL STATE SUPPLEMENTATION

STATUTORY BASIS FOR PAYMENT	Supplemental aid to the blind: Revised Missouri Statutes, Section 209. All other supplementation: Revised Missouri Statutes, Section 208.030, Subchapter 5.
EFFECTIVE DATE	January 1, 1974.
ADMINISTRATION ¹	Department of Social Services; Division of Family Service (DFS).
PASSALONG	In compliance by the method of maintaining all payment levels.
SCOPE OF COVERAGE	Optional State supplement provided to any person who: <ol style="list-style-type: none"> 1) is aged, blind, or disabled, and over age 18, 2) does not reside in a Medicaid facility, 3) does reside in a licensed residential care facility or a licensed intermediate care/skilled nursing home, and 4) has insufficient cash income to cover costs of care in the facility. Blind persons over age 18 living on their own are also provided a supplement.
RECOVERIES, LIENS, AND ASSIGNMENTS	None.
RELATIVE RESPONSIBILITY	Spouse for spouse.
INCOME DISREGARDS	There are no income disregards for the aged or disabled. Disregards for the blind include the first \$65 plus one-half of the remainder of earned income.
RESOURCE LIMITATIONS	Aged/disabled - \$999.99 individual/\$2,000 couple. Blind - \$2,000 individual/\$4,000 couple.
PLACE OF APPLICATION	Offices of the Division of Family Services .
FUNDING	Assistance: State funds. Administration: State funds.
INTERIM ASSISTANCE	State participates.

¹ Mandatory minimum supplementation is administered by the same agency as optional supplementation.

PAYMENT LEVELS ¹

<u>Living arrangements</u>	<u>Combined Federal/State</u>		<u>State supplementation</u>	
	<u>Individual</u>	<u>Couple</u>	<u>Individual</u>	<u>Couple</u>
Licensed residential care facility I	\$666.00	\$1,077.00	\$154.00	\$308.00
Licensed residential care facility II	800.00	1,345.00	288.00	576.00
Licensed intermediate care or skilled nursing home ²	895.00	1,535.00	383.00	766.00
Aid to the blind	(3)	(4)	391.00	782.00

STATE ASSISTANCE FOR SPECIAL NEEDS

State has elected not to provide assistance for special needs.

MEDICAID**ELIGIBILITY:**

CRITERION	State guidelines.
DETERMINED BY	State.
MEDICALLY NEEDY PROGRAM	No program for the aged, blind, or disabled medically needy.
UNPAID MEDICAL EXPENSES	The Social Security Administration does not obtain this information.

¹ Unless otherwise stated, payment levels apply equally to aged, blind, and disabled.

² Recipients in licensed nursing homes are entitled to an additional \$25 per month to meet their personal needs. If the recipient is already receiving a personal needs allowance from another State or Federal agency, this payment will not be made by DFS.

³ Only those recipients who receive less than \$512 monthly in SSI payments and less than \$554 monthly from other sources qualify for this supplement. The State supplement is reduced dollar-for-dollar by the SSI payment.

OPTIONAL STATE SUPPLEMENTATION

STATUTORY BASIS FOR PAYMENT	Section 68-1005, Code of Nebraska, Legislative Bill 311.
EFFECTIVE DATE	January 1, 1974.
ADMINISTRATION ¹	Department of Health and Human Services.
PASSALONG	In compliance by the method of total expenditures.
SCOPE OF COVERAGE	Optional State supplement provided to aged, blind, and disabled recipients who meet State guidelines; except those in public institutions where Medicaid is not paying for the cost of care. Persons living in the household of another receive the same State supplement as those living independently. Blind and disabled children are eligible for optional supplementation payments.
RECOVERIES, LIENS, AND ASSIGNMENTS	None.
RELATIVE RESPONSIBILITY	Spouse for spouse; parent for child under age 18 who is part of household.
INCOME DISREGARDS	Aged and disabled: No disregards in addition to Federal income disregards. Income disregards for the blind include the first \$20 per month of unearned income not including SSI and the first \$85 plus one-half of the remainder of earned income.
RESOURCE LIMITATIONS	Federal SSI resource limitations apply.
PLACE OF APPLICATION	Local offices of the Department of Social Services.
FUNDING	Assistance: State funds. Administration: State funds.
INTERIM ASSISTANCE	State participates.

¹ Mandatory minimum supplementation is administered by the same agency as optional supplementation.

PAYMENT LEVELS ¹

<u>Living arrangements</u>	<u>Combined Federal/State</u>		<u>State supplementation</u>	
	<u>Individual</u>	<u>Couple</u>	<u>Individual</u>	<u>Couple</u>
Living independently	\$519.00	\$769.00	\$7.00	--
Living with an essential person	782.00	N/A	13.00	N/A
Room and board facility ²	455.34	890.00	114.00	377.33
Certified adult family home ⁴	657.00	1,354.00	145.00	585.00
Licensed assisted living facility	782.00	1,564.00	270.00	795.00
Licensed group home for children or child caring agency:				
Disabled	622.00	N/A	110.00	N/A
Medicaid facility	50.00	100.00	20.00	40.00

STATE ASSISTANCE FOR SPECIAL NEEDS**ADMINISTRATION**

Department of Health and Human Services.

**SPECIAL NEED
CIRCUMSTANCES:****TRANSPORTATION
COSTS**

Thirty cents per mile for:

- 1) school attendance outside of school district; and
- 2) obtaining medical services if recipient used own car.

**REPAIR OR
PURCHASE OF
FURNITURE/
APPLIANCES**

Repair or purchase of furniture or appliances over \$750 total cost may be included (with State office approval) if the unit lacks essential items.

¹ Unless otherwise stated, payment levels apply equally to aged, blind, and disabled.² Applies only to persons living in the household of another.⁴ Includes a minimum of \$60 for personal needs allowance.

**SPECIAL NEED
CIRCUMSTANCES (CON.)****MOVING
EXPENSES**

Costs of moving may be included if the recipient is forced to move for reasons beyond his/her control or if the recipient can obtain lower cost shelter.

TAXES

Back taxes may be included if the individual would soon lose the home, and the plan to remain in the home is preferred by the individual and recommended by the case worker.

HOME REPAIRS

Payment for home repairs (to \$1,000) made if essential for the recipient's health or safety.

**MEALS AND
LODGING**

The cost of meals (to \$12 per day) and lodging if verified as related to obtaining approved health services may be granted if the individual is away from home for more than 12 hours.

**MAINTENANCE
FOR GUIDE DOG**

The medical and maintenance costs of a seeing eye dog may be allowed.

**GUARDIAN/
CONSERVATOR**

An allowance not to exceed \$10 a month may be allowed if the client has a court appointed guardian or conservator.

MEDICAID**ELIGIBILITY:****CRITERION**

SSI program guidelines (title XVI).

DETERMINED BY

State.

**MEDICALLY NEEDY
PROGRAM**

Program for the aged, blind, and disabled medically needy.

**UNPAID MEDICAL
EXPENSES**

The Social Security Administration does not obtain this information.